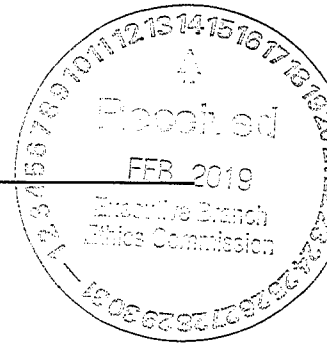


# STATEMENT OF FINANCIAL DISCLOSURE

Commonwealth of Kentucky  
EXECUTIVE BRANCH ETHICS COMMISSION  
Capital Complex East, 1025 Capital Center Drive, Suite 104  
Frankfort, Kentucky 40601

PHONE: 502-564-7954 OR 800-664-7954 FACSIMILE: (502) 696-5092



Complete and return by April 15 or within 30 days of termination. (KRS 11A.050(1)(a))

If candidate for constitutional office, return by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

Statements of Financial Disclosure Shall be Available for Public Review

**FILING YEAR: 2018**

1. Name: Last: goforth First: robert Middle:

2. Home Street Address:

Cell Phone: Home Email Address:

3. If you are a candidate for a constitutional office, check appropriate box:

- |   |   |
|---|---|
| <input type="checkbox"/> Auditor of Public Accounts | <input type="checkbox"/> Lt. Governor       |
| <input type="checkbox"/> Agriculture Commissioner   | <input type="checkbox"/> Secretary of State |
| <input type="checkbox"/> Attorney General           | <input type="checkbox"/> State Treasurer    |
| <input checked="" type="checkbox"/> Governor        | <input type="checkbox"/> NOT A CANDIDATE    |

4. Title of Position or office that requires filing: state representative

Beginning Date: 3/6/2018

Do you still occupy this position? Yes If no, ending date:

Are you currently employed? Yes

## STATE AGENCY FOR POSITION LISTED ABOVE:

Cabinet	Department or Office	Division	Address	Phone	Email
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☒ None

If not employed by state agency, current employer:

Employer Name	Address
State Representative 89th District	,

☐ None

Title of any other state jobs or positions you held during the reporting year, including state government agency name.

Position Name	State Agency Name	<input checked="" type="checkbox"/> None
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5. Name and address of any other employers (including self-employment) during reporting year:

Employer Name	Employer Address	<input checked="" type="checkbox"/> None
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6. Marital status:

- ☐ Single  
☒ Married  
☐ Widowed  
☐ Divorced

Explanation

If married, please give spouse's full name (including maiden name where applicable):

Last: goforth First: ashley Middle:

7a. Spouse's current employer and employer's address: ☐ None

Employer: manps  
 Work Street Address: 397 old us highway 421  
 manchester KY 40729  
 Work Phone: 606-598-6337 Work Email Address:

7b. Spouse's position: office manager

7c. Other employers of Spouse (including self-employment during reporting year)

Employer Name	Employer Address	<input checked="" type="checkbox"/> None
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8. List the full name of each dependent child of you and/or your spouse:

First Name	Middle Name	Last Name	<input type="checkbox"/> None
		goforth	
		goforth	
		goforth	

9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business:

Position Name	Name of Person or Entity	Business Name	Business Address	<input checked="" type="checkbox"/> None
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10. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business:

Position Name	Business Name	Nature of Business	Business Address
president	project daris	drug prevention education	

☐ None

11. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

Position Name	Business Name	Business Type	Reason for Listing	Business Address
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☒ None

12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source.

Form of Income	Nature of Business	Source Name	Source Address
rent	rent	family health	359 old us highway 421 manchester, kentucky 40962
rent	rent	mckps	581 Main st north mckee, kentucky 40447
rent	rental property	manps	397 old us highway 421 manchester, kentucky 40962

☐ None

13. Provide the name and address of all sources of retainers received by you or your spouse relating to matters of the state agency for which you work or supervise or of any other entity of state government for which you would serve in a decision-making capacity.

Name	Address
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☒ None

14. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

Description	Name	Address
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☒ None

15. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000):

Description	Address
farm land	1550 huckleberry manchester, kentucky 40962
property	359 old us highway 421 manchster, kentucky 40962
farm land	
property	581 main st north mckee, kentucky 40744
property	farm faubush, kentucky 42544

☐ None

property	397 old us highway 421 manchester, kentucky 40962
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16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family.

Source Name	Address	<input checked="" type="checkbox"/> None
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17. Identify all creditors, including an address, to whom you or your spouse owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods:

Name	Address	<input checked="" type="checkbox"/> None
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18. Are you aware of any business/investment or other opportunity, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government?

No

If yes, attach a description:

I swear or affirm that the information reported  
in this Statement of Financial Disclosure  
is complete and accurate.

robert goforth  
\_\_\_\_\_  
Signature

2/14/2019  
\_\_\_\_\_  
Date